## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(1)

## DOCUMENT # S77200 L. Corporation Name DISCOUNT SUPPLIES, INC.

**FILED** Apr 25 1997 8:00am Secretary of State

Mailian Addrass	
Mailing Address	

BN40 8.W. 86 AVE WEST HOLLYWOOD FL \$3023 US				2440 SW 56 AVE MIRAMAR FL 33023-4017 US									
									ate Incorporated or 3/29/1991	Qualified	3a. Date of La		
	lace of Busines	ss		2a. Mailing Addres	SS			I	El Number			Applied F	or
21	0 .1.		2	and the second					55-0271385			Not Appli	
21 Suite, Apt. 22 City & Stat 23 Zip 24		<del> </del>	2		elc.			5. Ce	ertificate of Status D	esired [		75 Addition e Required	
City & State			2	City & State			- 1	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip 24	25	Country	2	Z(p Country 30			I .	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes ☐ No					
				gistered Agent				10. N	ame and Address	of New Regis	stered Agent		
	wovich, eri					81	Name					-	
	5 S.W. 25TH					82	Street A	Address (P.O.	. Box Number is No	t Acceptable)			
MIRA	amar fl 330	23				-	,						
						83							
				•		84	City				FL 85	Zip Code	
<ul> <li>office or r</li> </ul>	registered ager	at, <b>or bolb</b> , in th	ie State of Fli	l 607.1508, Florida orida: Such change of, Section 607.05	e was autho	rized by	the corp	corporation s oration's boa	submits this stateme ard of directors. I he	nt for the pur reby accept t	pose of changii he appointmen	ng its regisl t as registe	tored red
SIGNATURE	Signature, lyped or	printed name of regi	stered agent and	title if applicable	(NOTE: Bog	istered Age	nt signature r	required when re-r	nstating)		DATE		
12.		<del>_</del>	RS AND DIF			13.			DITIONS/CHANGES		<del></del>	TORS IN 12	2
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NAME				المام رئ		6.2 NAME						igo <u>L</u> JAC	VAIIION
STREET ADDRESS						6.3 STREET	ADDRESS						
CITY-ST-ZIP						6.4 CITY - S							
	by certify that the	ne information :	symplied with	this filing does no				aled in Section	on 119.07(3)(i), Flori	da Statutes. I	further certify	that the	
Informatio I am an o appears i	on indicated on ifficer or directo in Block 12 or E	this annual rep or of the corpor Block 13 if char	virt a supple Ition of their gav a linus	inikhtal annual rep activer or trustee a n all kohment with	ort is true a empowered an address	nd accu to exec	rate and fate this re	tnat my signa eport as requ	on 119.07(3)(i), Flori ature shall have the ired by Chapter 607	same legal e 7, Florida Stat	trect as if made utes; and that r	e under oall my name	n; that